

<i>SERFF Tracking Number:</i>	<i>LBRM-125412953</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-00146</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>AR-WC-25-190 3C WORDING-FORM</i>		
<i>Project Name/Number:</i>	<i>AR-WC-25-190 3C WORDING-FORM/2008-00146</i>		

Filing at a Glance

Companies: America First Insurance Company, Peerless Indemnity Insurance Company, Peerless Insurance Company, The Netherlands Insurance Company

Product Name: AR-WC-25-190 3C WORDING- FORM
SERFF Tr Num: LBRM-125412953 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 2008-00146

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Tammy Blake

Disposition Date: 01/07/2008

Date Submitted: 01/03/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR-WC-25-190 3C WORDING-FORM

Status of Filing in Domicile:

Project Number: 2008-00146

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 01/07/2008

State Status Changed: 01/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Effective July 1, 2008 for new and renewal business we wish to file revisions to our Workers Compensation Program.

At this time we wish to amend our Workers Compensation and Employers Liability Insurance Policy Information Page, 25-190 (07/08) to amend the wording used in Item 3.C. so that we can provide coverage in all states except those that have monopolistic funds.

SERFF Tracking Number:	LBRM-125412953	State:	Arkansas
First Filing Company:	America First Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-00146		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	AR-WC-25-190 3C WORDING-FORM		
Project Name/Number:	AR-WC-25-190 3C WORDING-FORM/2008-00146		

Company and Contact

Filing Contact Information

Tammy Blake, State Filings Analyst	tammy.blake@LibertyMutual.com
62 Maple Avenue	(800) 826-6189 [Phone]
Keene, NH 03431	(603) 352-9252[FAX]

Filing Company Information

America First Insurance Company	CoCode: 12696	State of Domicile: New Hampshire
62 Maple Ave.	Group Code: 111	Company Type: P & C
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 58-0953149	

Peerless Indemnity Insurance Company	CoCode: 18333	State of Domicile: Illinois
62 Maple Ave.	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 13-2919779	

Peerless Insurance Company	CoCode: 24198	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0177030	

The Netherlands Insurance Company	CoCode: 24171	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0342937	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00

<i>SERFF Tracking Number:</i>	<i>LBRM-125412953</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-00146</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>AR-WC-25-190 3C WORDING-FORM</i>		
<i>Project Name/Number:</i>	<i>AR-WC-25-190 3C WORDING-FORM/2008-00146</i>		
Retaliatory?	Yes		
Fee Explanation:	PEERLESS INDEMNITY INSURANCE COMPANY = \$50.00 PER FORM X 1 FORM = \$50.00		
Per Company:	No		

SERFF Tracking Number: *LBRM-125412953* *State:* *Arkansas*
First Filing Company: *America First Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-00146*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *AR-WC-25-190 3C WORDING-FORM*
Project Name/Number: *AR-WC-25-190 3C WORDING-FORM/2008-00146*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$0.00	01/03/2008	
Peerless Indemnity Insurance Company	\$50.00	01/03/2008	17326857
Peerless Insurance Company	\$0.00	01/03/2008	
The Netherlands Insurance Company	\$0.00	01/03/2008	

SERFF Tracking Number:	LBRM-125412953	State:	Arkansas
First Filing Company:	America First Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-00146		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	AR-WC-25-190 3C WORDING-FORM		
Project Name/Number:	AR-WC-25-190 3C WORDING-FORM/2008-00146		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/07/2008	01/07/2008

SERFF Tracking Number:	LBRM-125412953	State:	Arkansas
First Filing Company:	America First Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-00146		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	AR-WC-25-190 3C WORDING-FORM		
Project Name/Number:	AR-WC-25-190 3C WORDING-FORM/2008-00146		

Disposition

Disposition Date: 01/07/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>LBRM-125412953</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-00146</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>AR-WC-25-190 3C WORDING-FORM</i>		
<i>Project Name/Number:</i>	<i>AR-WC-25-190 3C WORDING-FORM/2008-00146</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Form	INFORMATION PAGE	Approved	Yes

SERFF Tracking Number:	LBRM-125412953	State:	Arkansas
First Filing Company:	America First Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-00146		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	AR-WC-25-190 3C WORDING-FORM		
Project Name/Number:	AR-WC-25-190 3C WORDING-FORM/2008-00146		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	INFORMATION PAGE	25-190	07-2008	Declaration Replaced s/Schedule	Replaced Form #:0.00 25-190 01 06 Previous Filing #: AR−PC−05−016923		25-190 07 08. PIC.pdf 25-190 07 08.AMF.pdf 25-190 07 08.NIC.pdf 25-190 07 08.PII.pdf

Workers Compensation And Employers Liability Insurance Policy



TRANS.TYPE

[TRANSACTION EFFECTIVE: XX/XX/XXXX

INFORMATION PAGE

BILL TYPE

Policy Number:	Prior Policy:	Date Issued:
Coverage Is Provided In PEERLESS INSURANCE COMPANY		NCCI Number:
1. Named Insured and Mailing Address:	Agent:	
	Agent Code:	Agent Phone:
Federal Employer ID Number: XXXXXXXXXXXX	Filing Number: XXXXXXXXXXXX	SIC Code: XXXX
Other Workplaces not shown above:		
Entity of Insured:		

2. POLICY PERIOD:

The Policy Period is from XX/XX/XXXX to XX/XX/XXXX, 12:01 AM Standard Time at the insured's mailing address.

3. A. WORKERS COMPENSATION INSURANCE:

Part One of the policy applies to Workers' Compensation Law of the states listed here:

[ST]

B. EMPLOYERS LIABILITY INSURANCE:

Part Two of the policy applies to work in each state listed in 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident	\$	each accident
Bodily Injury by Disease	\$	policy limit
Bodily Injury by Disease	\$	each employee

C. OTHER STATES INSURANCE:

Part Three of the policy applies to states, if any, listed here: All states except North Dakota, Ohio, Washington, Wyoming and states designated in item **3.A.** on the Information Page;[and] [ST].

D. ENDORSEMENTS AND SCHEDULES:

This policy includes these endorsements and schedules: See attached ENDORSEMENT SCHEDULE

4. Premium:

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Code Number	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
See attached EXTENSION OF INFORMATION PAGE				

Policy Number:	
Named Insured:	Agent:
	Agent Code: Agent Phone:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY (continued)

POLICY PREMIUM TOTALS		
0900	Total Estimated Standard Premium	\$
	[Expense Constant	\$]
	[Total Premium Discount	\$]
	[Total Estimated Premium	\$]
	[Total Assessments/Funds/Surcharges	\$]
	[Total Estimated Cost	\$]
Minimum Premium \$	Deposit Premium \$	Adjustment Period: ANNUAL

Countersigned by: _____ Date: _____
Authorized Signature

Workers Compensation And Employers Liability Insurance Policy



TRANS.TYPE

[TRANSACTION EFFECTIVE: XX/XX/XXXX

INFORMATION PAGE

BILL TYPE

Policy Number:	Prior Policy:	Date Issued:
Coverage Is Provided In AMERICA FIRST INSURANCE COMPANY		NCCI Number:
1. Named Insured and Mailing Address:	Agent:	
	Agent Code:	Agent Phone:
Federal Employer ID Number: XXXXXXXXXXXX	Filing Number: XXXXXXXXXXXX	SIC Code: XXXX
Other Workplaces not shown above:		
Entity of Insured:		

2. POLICY PERIOD:

The Policy Period is from XX/XX/XXXX to XX/XX/XXXX, 12:01 AM Standard Time at the insured's mailing address.

3. A. WORKERS COMPENSATION INSURANCE:

Part One of the policy applies to Workers' Compensation Law of the states listed here:

[ST]

B. EMPLOYERS LIABILITY INSURANCE:

Part Two of the policy applies to work in each state listed in 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident	\$	each accident
Bodily Injury by Disease	\$	policy limit
Bodily Injury by Disease	\$	each employee

C. OTHER STATES INSURANCE:

Part Three of the policy applies to states, if any, listed here: All states except North Dakota, Ohio, Washington, Wyoming and states designated in item **3.A.** on the Information Page;[and] [ST].

D. ENDORSEMENTS AND SCHEDULES:

This policy includes these endorsements and schedules: See attached ENDORSEMENT SCHEDULE

4. Premium:

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Code Number	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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See attached EXTENSION OF INFORMATION PAGE

Policy Number:	
Named Insured:	Agent:
	Agent Code: Agent Phone:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY (continued)

POLICY PREMIUM TOTALS		
0900	Total Estimated Standard Premium	\$
	[Expense Constant	\$]
	[Total Premium Discount	\$]
	[Total Estimated Premium	\$]
	[Total Assessments/Funds/Surcharges	\$]
	[Total Estimated Cost	\$]
Minimum Premium \$	Deposit Premium \$	Adjustment Period: ANNUAL

Countersigned by: _____ Date: _____
Authorized Signature

Workers Compensation And Employers Liability Insurance Policy



TRANS.TYPE

[TRANSACTION EFFECTIVE: XX/XX/XXXX]

INFORMATION PAGE

BILL TYPE

Policy Number:	Prior Policy:	Date Issued:
Coverage Is Provided In THENETHERLANDS INSURANCE COMPANY		NCCI Number:
1. Named Insured and Mailing Address:	Agent:	
	Agent Code: Agent Phone:	
Federal Employer ID Number: XXXXXXXXXXXX	Filing Number: XXXXXXXXXXXX	SIC Code: XXXX
Other Workplaces not shown above:		
Entity of Insured:		

2. POLICY PERIOD:

The Policy Period is from XX/XX/XXXX to XX/XX/XXXX, 12:01 AM Standard Time at the insured's mailing address.

3. A. WORKERS COMPENSATION INSURANCE:

Part One of the policy applies to Workers' Compensation Law of the states listed here:

[ST]

B. EMPLOYERS LIABILITY INSURANCE:

Part Two of the policy applies to work in each state listed in 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident	\$	each accident
Bodily Injury by Disease	\$	policy limit
Bodily Injury by Disease	\$	each employee

C. OTHER STATES INSURANCE:

Part Three of the policy applies to states, if any, listed here: All states except North Dakota, Ohio, Washington, Wyoming and states designated in item 3.A. on the Information Page;[and] [ST].

D. ENDORSEMENTS AND SCHEDULES:

This policy includes these endorsements and schedules: See attached ENDORSEMENT SCHEDULE

4. Premium:

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Code Number	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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See attached EXTENSION OF INFORMATION PAGE

Policy Number:	
Named Insured:	Agent:
	Agent Code: Agent Phone:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY (continued)

POLICY PREMIUM TOTALS		
0900	Total Estimated Standard Premium	\$
	[Expense Constant	\$]
	[Total Premium Discount	\$]
	[Total Estimated Premium	\$]
	[Total Assessments/Funds/Surcharges	\$]
	[Total Estimated Cost	\$]

Minimum Premium \$	Deposit Premium \$	Adjustment Period: ANNUAL
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Countersigned by: _____ Date: _____
Authorized Signature

Workers Compensation And Employers Liability Insurance Policy



TRANS.TYPE

[TRANSACTION EFFECTIVE: XX/XX/XXXX

INFORMATION PAGE

BILL TYPE

Policy Number:	Prior Policy:	Date Issued:
Coverage Is Provided In PEERLESS INDEMNITY INSURANCE COMPANY		NCCI Number:
1. Named Insured and Mailing Address:	Agent:	
	Agent Code: Agent Phone:	
Federal Employer ID Number: XXXXXXXXXXXX	Filing Number: XXXXXXXXXXXX	SIC Code: XXXX
Other Workplaces not shown above:		
Entity of Insured:		

2. POLICY PERIOD:

The Policy Period is from XX/XX/XXXX to XX/XX/XXXX, 12:01 AM Standard Time at the insured's mailing address.

3. A. WORKERS COMPENSATION INSURANCE:

Part One of the policy applies to Workers' Compensation Law of the states listed here:

[ST]

B. EMPLOYERS LIABILITY INSURANCE:

Part Two of the policy applies to work in each state listed in 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident	\$	each accident
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Bodily Injury by Disease	\$	each employee

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This policy includes these endorsements and schedules: See attached ENDORSEMENT SCHEDULE

4. Premium:

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Code Number	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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See attached EXTENSION OF INFORMATION PAGE

Policy Number:	
Named Insured:	Agent:
	Agent Code: Agent Phone:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY (continued)

POLICY PREMIUM TOTALS		
0900	Total Estimated Standard Premium	\$
	[Expense Constant	\$]
	[Total Premium Discount	\$]
	[Total Estimated Premium	\$]
	[Total Assessments/Funds/Surcharges	\$]
	[Total Estimated Cost	\$]
Minimum Premium \$	Deposit Premium \$	Adjustment Period: ANNUAL

Countersigned by: _____ Date: _____
Authorized Signature

<i>SERFF Tracking Number:</i>	<i>LBRM-125412953</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-00146</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>AR-WC-25-190 3C WORDING-FORM</i>		
<i>Project Name/Number:</i>	<i>AR-WC-25-190 3C WORDING-FORM/2008-00146</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LBRM-125412953 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-00146
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-25-190 3C WORDING-FORM
Project Name/Number: AR-WC-25-190 3C WORDING-FORM/2008-00146

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	01/07/2008

Comments:

P & C TRANSMITTAL

Attachment:

P & C TRANSMITTAL.FORM.AMF.pdf

		Review Status:	
Satisfied -Name:	COVER LETTER	Approved	01/07/2008

Comments:

COVER LETTER

Attachment:

2008-00146.trb.pdf

Property & Casualty Transmittal Document


1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	f. State Filing #:
	g. SERFF Filing #:

3. Group Name	Group NAIC #
Liberty Mutual Agency Markets	111

4. Company Name(s)	Domicile	NAIC #	FEIN #
Peerless Insurance Company	NH	24198	02-0177030
The Netherlands Insurance Company	NH	24171	02-0342937
America First Insurance Company	NH	12696	58-0953149
Peerless Indemnity Insurance Company	IL	18333	13-2919779

5. Company Tracking Number	2008-00146
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tammy R. Blake 62 Maple Avenue Keene NH 03431	State Filings Analyst	800-826-6189 Ext. 84520	603-352-9252	tammy.blake@ libertymutual.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Tammy R. Blake		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	Workers Compensation
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers Compensation
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: 07/01/08 Renewal: 07/01/08
15. Reference Filing?	<input checked="" type="checkbox"/> NO <input type="checkbox"/>
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	1/3/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2008-00146
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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Effective July 1, 2008 for new and renewal business, we wish to file to amend our declaration Information Page, 25-190. With this revision, we wish to amend 3.C. Other States Insurance.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



62 Maple Avenue
Keene, NH 03431
603-352-3221

January 3, 2008

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

RE: Workers Compensation
Form Filing
PEERLESS INSURANCE COMPANY
NAIC #111-24198
THE NETHERLANDS INSURANCE COMPANY
NAIC #111-24171
AMERICA FIRST INSURANCE COMPANY
NAIC #111-12696
PEERLESS INDEMNITY INSURANCE COMPANY
NAIC #111-18333
Company Filing #2008-00146

Dear Mr. Lacy:

Effective July 1, 2008 for new and renewal business we wish to file revisions to our Workers Compensation Program.

At this time we wish to amend our Workers Compensation and Employers Liability Insurance Policy Information Page, 25-190 (07/08) to amend the wording used in Item 3.C. so that we can provide coverage in all states except those that have monopolistic funds.

Enclosed, please find our Declaration 25-190 (07/08) along with the required filing forms.

Questions regarding the above filing should be directed to me at 603-358-4520 or 800-826-6189 ext. 84520.

Sincerely,

Tammy R. Blake
Sr. Analyst Regulatory Filing AM
E-mail: tammy.blake@libertymutual.com